

## EXHIBIT A

### County Certification

County: \_\_\_\_\_

Date: \_\_\_\_\_

|    | CRITERIA   | YES | NO |
|----|--|-----|----|
| 1. | Is the contact information included for the County Mental Health Director?       |     |    |
| 2. | Did the County indicate which components are included?                           |     |    |
| 3. | Is the contact information included for the Project Lead?                        |     |    |
| 4. | Is the mailing address included?   |     |    |
| 5. | Is the County Certification signed/dated by the Mental Health Director/Designee? |     |    |

# EXHIBIT B

## Community Program Planning and Local Review Process

County:

0

Date: 1/0/1900

|    | CRITERIA  | YES | NO | N/A |
|----|---|-----|----|-----|
|    | <b>Community Program Planning</b>   |     |    |     |
| 1. | Is there a brief description of how the requirements of the Community Program Planning Process for the development of all components of the FY 2011/12 annual update/update were met?<br><br><i>Reference: Cal. Code Regs., tit. 9 § 3306</i> |     |    |     |
| 2. | Did the County include stakeholder entities involved in the CPP Process?  |     |    |     |
| 3. | <b>If consolidating programs and/or eliminating a program/project:</b> Did the County describe how the stakeholders were involved and had the opportunity to participate in the decision to consolidate and/or eliminate the program/project? |     |    |     |
|    | <b>Local Review Process</b>   |     |    |     |
| 4. | Is there a description of the methods used to circulate, for the purpose of public comment, the annual update/update?<br><br><i>Reference: Cal. Code Regs., tit. 9, § 3315 (a)(1)(A)</i>  |     |    |     |
| 5. | Did the County describe substantive comments received, and any changes made due to the comments received?<br><br><i>Reference: Cal. Code Regs., tit. 9, §§ 3300, 3310(d) and 3315(a)</i>  |     |    |     |

## **EXHIBIT B**

### **Community Program Planning and Local Review Process**

## EXHIBIT C

## Overall Implementation Progress Report on FY 09/10 Activities

County: \_\_\_\_\_ 0

**Date:** 1/0/1900

|    |  | CSS |    | WET |    | PEI |    | INN |    |
|----|--|-----|----|-----|----|-----|----|-----|----|
|    | CRITERIA   | YES | NO | YES | NO | YES | NO | YES | NO |
|    | CSS, WET and PEI   |     |    |     |    |     |    |     |    |
| 1. | Is there a brief description on how the implementation of the MHSA is progressing?   |     |    |     |    |     |    |     |    |
| 2. | Did the County provide a description regarding how MHSA funding is addressing major community issues identified in the initial Community Program Planning Process for CSS? |     |    |     |    |     |    |     |    |
| 3. | Is there specific information on the number of individuals served (age group, race/ethnicity, primary language, cultural group) for PEI funds?                             |     |    |     |    |     |    |     |    |
| 4. | Did the County provide the name of the PEI program selected for local evaluation?  |     |    |     |    |     |    |     |    |

[illegible]

**EXHIBIT D**  
**Elimination of a Program/Project**

County: 0  
Date: 1/0/1900

[illegible]

County: \_\_\_\_\_ 0

Date: \_\_\_\_\_ 1/0/1900

[illegible]

## EXHIBIT D1 - CSS

Section I: Program Specific Progress Report for FY 09/10

Section II: Program Description for FY 11/12

County: \_\_\_\_\_ 0

**Date:** 1/0/1900

[illegible]

County: 0

Date: 1/0/1900

[illegible]



**EXHIBIT D2 - WET**  
**Section I: Program Specific Progress Report for FY 09/10**  
**Section II: Program Description for FY 11/12**

County: \_\_\_\_\_ 0 \_\_\_\_\_

**Date:** 1/0/1900

[illegible]

**EXHIBIT D2 - WET**

**Section I: Program Specific Progress Report for FY 09/10**

**Section II: Program Description for FY 11/12**

County: \_\_\_\_\_ 0

Date: \_\_\_\_\_ 1/0/1900

[illegible]

**EXHIBIT D2 - WET**

**Section I: Program Specific Progress Report for FY 09/10**

**Section II: Program Description for FY 11/12**

**Section I: Program Specific Progress Report for FY 09/10**  
**Section II: Program Description for FY 11/12**

**Date:** 1/0/1900

[illegible]

A) Did the Co. include a summary of available information about person/family-level and program/system-level outcomes from the PEI Program?

B) Was the data collected, include the member of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoke?

C) Was the method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants?

D) Were specific program strategies implemented to ensure appropriateness for diverse participants?

E) Were there changes and modifications made during the program's implementation? If any, what was the reason(s) for the changes?

**Section I: Program Specific Progress Report for FY 09/10**  
**Section II: Program Description for FY 11/12**

**Date:** 1/0/1900

[illegible]

## Section I: Program Specific Progress Report for FY 09/10

Section II: Program Description for FY 11/12

[illegible]

**EXHIBIT D4 - INN**  
**Section I: Program Specific Progress Report for FY 09/10**  
**Section II: Program Description for FY 11/12**

County: \_\_\_\_\_ 0 \_\_\_\_\_

Date: 1/0/1900

[illegible]





**EXHIBIT E**  
**MHSA Summary Funding Request**

County: \_\_\_\_\_ 0

Date: \_\_\_\_\_ 1/0/1900

|   | MHSA Funding |     |      |     |     |                       |
|---|--------------|-----|------|-----|-----|-----------------------|
|   | CSS          | WET | CFTN | PEI | INN | Local Prudent Reserve |
| <b>A. FY 2011/12 Component Allocations</b>                              |              |     |      |     |     |                       |
| 1. Published Component Allocation                                       |              |     |      |     |     |                       |
| 2. Transfer from FY 11/12 <sup>a/</sup>                                 |              |     |      |     |     |                       |
| 3. Adjusted Component Allocation  |              |     |      |     |     |                       |
| <b>B. FY 2011/12 Funding Request</b>                                    |              |     |      |     |     |                       |
| 1. Requested Funding in FY 2011/12                                      | \$0          | \$0 | \$0  | \$0 | \$0 |                       |
| 2. Requested Funding for CPP  |              |     |      |     |     |                       |
| 3. Net Available Unexpended Funds                                       |              |     |      |     |     |                       |
| a. Unexpended FY 09/10 Annual MHSA Revenue and Expenditure Report       |              |     |      |     |     |                       |
| b. Amount of Unexpended Funds from FY 09/10 spent FY 10/11 (Adjustment) |              |     |      |     |     |                       |
| c. Unexpended Funds from FY 10/11                                       | \$0          |     |      |     |     |                       |
| d. Total Net Available Unexpended Funds                                 | \$0          | \$0 | \$0  | \$0 | \$0 |                       |
| <b>4. Total FY 2011/12 Funding Request</b>                              | \$0          | \$0 | \$0  | \$0 | \$0 |                       |
| <b>C. Funds Requested for FY 2011/12</b>                                |              |     |      |     |     |                       |
| 1. Unapproved FY 06/07 Component Allocations                            |              |     |      |     |     |                       |
| 2. Unapproved FY 07/08 Component Allocations                            |              |     |      |     |     |                       |
| 3. Unapproved FY 08/09 Component Allocations                            |              |     |      |     |     |                       |
| 4. Unapproved FY 09/10 Component Allocations <sup>b/</sup>              |              |     |      |     |     |                       |
| 5. Unapproved FY10/11 Component Allocations <sup>b/</sup>               |              |     |      |     |     |                       |
| 6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>              |              |     |      |     |     |                       |
| <b>Sub-total</b>  | \$0          | \$0 | \$0  | \$0 | \$0 |                       |
| 7. Access Local Prudent Reserve   |              |     |      |     |     |                       |
| <b>3. FY 2010/11 Total Allocation<sup>c/</sup></b>                      | \$0          | \$0 | \$0  | \$0 | \$0 |                       |

**Notes:**

1. Lines B3.a. and B3.b. should be completed regardless of submission date. Line B3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure Report, Enclosure 9, Total Unexpended Funds line.

2. Line B3.c. should be completed if annual update is being submitted after June 30, 2011. This should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure Report, Total Unexpended Funds line. This will be verified upon receipt of the Annual Revenue and Expenditure Report (and adjustments will be made as necessary).

<sup>a/</sup> Per Welfare and Institution Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

<sup>b/</sup> For WET and/or CFTN Components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

<sup>c/</sup> Must equal line B.4. for each component.

|                               |         |      |     |                 |       |
|-------------------------------|---------|------|-----|-----------------|-------|
| Community Program Planning 5% | \$0     |      |     | \$0             | \$0   |
|                               | Maximum | CFTN | WET | Prudent Reserve | Total |
| CSS 20% Transfer Limit        |         |      |     |                 | \$0   |

**EXHIBIT E**  
**MHSA Summary Funding Request**

**EXHIBIT E**  
**MHSA Summary Funding Request**

| Exhibit E - MHSA Summary Funding Request (Review Tool Questions)   | Yes | No | NA |
|--|-----|----|----|
| A1) Are the FY 2011/12 Component Allocations correct?  |     |    |    |
| A2) Did the County request to transfer funds from CSS?   |     |    |    |
| A2) If yes, is this amount $\leq$ the 20% limit?<br><br><i>Reference: WIC Section 5892 (b); DMH Information Notice: 10-21, Enclosure 8; and MHSA Fiscal References, [FY 11/12 20% Limit as of <u>insertdate</u> ]</i><br><i><u>insert link once posted</u></i> |     |    |    |
| B1) Does line B1 sum correctly based on the Total Requested line of Exhibit E for each component?<br><br><i>Reference: DMH Information Notice: 10-21, Enclosure 1, page 3</i>  |     |    |    |
| B2) Is the CPP funding requested $\leq$ 5% of each components Planning Estimate?<br><br><i>Reference: DMH Information Notice: 10-21, page 8</i>  |     |    |    |
| B3) Do the unexpended amounts on line B3a (for each component) equal the amounts reported on the Annual MHSA Revenue and Expenditure Report for FY 2009/10?  |     |    |    |
| C) If the County included unapproved Planning Estimates from previous fiscal years, is there funding available from the fiscal years in which they are requesting funds?   |     |    |    |
| D) If the County is requesting to use their Local Prudent Reserve funds, is the amount requested available in the County's Prudent Reserve?  |     |    |    |

County: 0

Date: 1/0/1900

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= #DIV/0!

**Additional funding sources for FSP requirement:**

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

[illegible]

**EXHIBIT E1**  
**CSS FUNDING REQUEST**

| <b>Exhibit E1 - CSS Budget Summary (Review Tool Questions)</b> |   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|---|------------|-----------|------------|
| 1a.  | Is the administration line ≤ the recommended 15%?   |            |           |            |
| 1b.  | If the administration line is > 15% , is there a signed statement by the County MH Director?  |            |           |            |
| 2.   | If applicable, is the operating reserve ≤ 10%?<br><br><i>Reference: DMH Information Notice: 10-21, page 10</i>  |            |           |            |
| 3a.  | Are the majority of services funds requested for FSPs ≥ 50%?<br><i>Reference: Cal Code Regs., tit. 9, § 3620, subd. (c)</i>   |            |           |            |
| 3b.  | Do the majority of services funds requested for FSPs serve all age groups?<br><i>Reference: Cal Code Regs., tit. 9, § 3620, subd. (j)</i>                           |            |           |            |
| 3c.  | If the answers to question 3a is no, did the County list additional funding and amounts to be used for FSPs?<br><i>Reference: Cal Code Regs., tit. 9, § 3620(c)</i> |            |           |            |

**EXHIBIT E2  
WET FUNDING REQUEST**

County: 0  
Date: 1/0/1900

| Workforce Education and Training                  |  |      | FY 11/12 Requested<br>MHSA Funding | Estimated MHSA Funds by Service Category |                                      |                                 |                             |                     |
|---|--|------|------------------------------------|--|--------------------------------------|---------------------------------|-----------------------------|---------------------|
|   | No.  | Name |                                    | Workforce Staffing<br>Support            | Training and Technical<br>Assistance | Mental Health Career<br>Pathway | Residency and<br>Internship | Financial Incentive |
| Previously Approved Programs                      |  |      |                                    |  |                                      |                                 |                             |                     |
| 1.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 2.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 3.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 4.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 5.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 6.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 7.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 8.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 9.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 10.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 11.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 12.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 13.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 14.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 15.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 16.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 17.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 18.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 19.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 20.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 21.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 22.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 23.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 24.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 25.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 26.   | Subtotal: Programs   |      | \$0                                | \$0                                      | \$0                                  | \$0                             | \$0                         | \$0                 |
| 27.   | Plus up to 15% Indirect Administrative Costs                             |      |                                    |  |                                      |                                 |                             |                     |
| 28.   | Plus up to 10% Operating Reserve   |      |                                    |  |                                      |                                 |                             |                     |
| 29.   | Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve |      | \$0                                |  |                                      |                                 |                             |                     |
| New Programs/Revised Previously Approved Programs |  |      |                                    |  |                                      |                                 |                             |                     |
| 1.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 2.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 3.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 4.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 5.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 6.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 7.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 8.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 9.  |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 10.   |  |      | \$0                                |  |                                      |                                 |                             |                     |
| 11.   | Subtotal: WET New Programs   |      | \$0                                | \$0                                      | \$0                                  | \$0                             | \$0                         | \$0                 |
| 12.   | Plus up to 15% Indirect Administrative                                   |      |                                    |  |                                      |                                 |                             |                     |
| 13.   | Plus up to 10% Operating Reserve   |      |                                    |  |                                      |                                 |                             |                     |
| 14.   | Subtotal: New Programs/Indirect Admin./Operating Reserve                 |      | \$0                                |  |                                      |                                 |                             |                     |
| 15.   | Total MHSA Funds Requested   |      | \$0                                |  |                                      |                                 |                             |                     |

Percentage  
#DIV/0!  
#DIV/0!

Percentage  
#VALUE!  
#VALUE!

Percentage  
#DIV/0!  
#DIV/0!

Percentage  
#VALUE!  
#VALUE!

**Note:** Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

**EXHIBIT E2**  
**WET FUNDING REQUEST**

| Exhibit E2 - WET Budget Summary (Review Tool Questions) |  | YES | NO | NA |
|---|--|-----|----|----|
| 1a.   | Is the administration line ≤ the recommended 15%?              |     |    |    |
| 1b.   | If not, is there a signed statement by the County MH Director? |     |    |    |
| 2.  | If applicable, is the operating reserve ≤ 10%?                 |     |    |    |



**EXHIBIT E3  
PEI FUNDING REQUEST**

County: 0  
Date: 1/0/1900

| PEI Programs                                      |   |      | FY 11/12<br>Requested<br>MHSA Funding | Estimated MHSA Funds by<br>Type of Intervention |                       | Estimated MHSA Funds by Age Group |                         |       |             |
|---|---|------|---------------------------------------|---|-----------------------|-----------------------------------|-------------------------|-------|-------------|
|   | No.   | Name |                                       | Prevention                                      | Early<br>Intervention | Children and<br>Youth             | Transition<br>Age Youth | Adult | Older Adult |
| Previously Approved Programs                      |   |      |                                       |   |                       |                                   |                         |       |             |
| 1.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 2.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 3.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 4.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 5.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 6.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 7.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 8.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 9.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 10.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 11.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 12.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 13.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 14.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 15.   |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 16.   | Subtotal: Programs*   |      | \$0                                   | \$0   | \$0                   | \$0                               | \$0                     | \$0   | \$0         |
| 17.   | Plus up to 15% Indirect Administrative Costs                    |      |                                       |   |                       |                                   |                         |       |             |
| 18.   | Plus up to 10% Operating Reserve                                |      |                                       |   |                       |                                   |                         |       |             |
| 19.   | Subtotal: Previously Programs/Indirect Admin./Operating Reserve |      | \$0                                   |   |                       |                                   |                         |       |             |
| New Programs/Revised Previously Approved Programs |   |      |                                       |   |                       |                                   |                         |       |             |
| 1.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 2.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 3.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 4.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 5.  |   |      | \$0                                   |   |                       |                                   |                         |       |             |
| 6.  | Subtotal: Programs*   |      | \$0                                   | \$0   | \$0                   | \$0                               | \$0                     | \$0   | \$0         |
| 7.  | Plus up to 15% County Administration                            |      |                                       |   |                       |                                   |                         |       |             |
| 8.  | Plus up to 10% Operating Reserve                                |      |                                       |   |                       |                                   |                         |       |             |
| 9.  | Subtotal: New Programs/Indirect Admin./Operating Reserve        |      | \$0                                   |   |                       |                                   |                         |       |             |
| 10.   | Total MHSA Funds Requested for PEI                              |      | \$0                                   |   |                       |                                   |                         |       |             |

Percentage  
#VALUE!  
#VALUE!

Percentage  
#VALUE!  
#VALUE!

Percentage  
#VALUE!  
#VALUE!

Percentage  
#VALUE!  
#VALUE!

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = #DIV/0!  
Note: Previously Approved Programs that propose changes to Key Community Mental Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

| Exhibit E4 - PEI Budget Summary (Review Tool Questions) |   | YES | NO | NA |
|---|---|-----|----|----|
| 1a.   | A) Is the administration line ≤ the recommended 15%?  |     |    |    |
| 1b.   | A1) If not, is there a signed statement by the County MH Director?                            |     |    |    |
| 2   | B) If applicable, is the operating reserve ≤ 10%?   |     |    |    |
| 3   | Is 51% of PEI budget directed toward individuals under age 25? (Note: small county exemption) |     |    |    |
| 4   | Are all age groups included in the proposed programs? (Note: small county exemption)          |     |    |    |

**EXHIBIT E4  
INN FUNDING REQUEST**

County: 0  
Date: 1/0/1900

| INN Programs                                     |  | FY 11/12 Requested<br>MHSA Funding |
|--|--|------------------------------------|
| No.  | Name   |                                    |
| <b>Previously Approved Programs</b>              |  |                                    |
| 1.   |  |                                    |
| 2.   |  |                                    |
| 3.   |  |                                    |
| 4.   |  |                                    |
| 5.   |  |                                    |
| 6.   |  |                                    |
| 7.   |  |                                    |
| 8.   |  |                                    |
| 9.   |  |                                    |
| 10.  |  |                                    |
| 11.  |  |                                    |
| 12.  |  |                                    |
| 13.  |  |                                    |
| 14.  |  |                                    |
| 15.  |  |                                    |
| 16.  | Subtotal: Programs   | \$0 Percentage                     |
| 17.  | Plus up to 15% Indirect Administrative Costs                             | #DIV/0!                            |
| 18.  | Plus up to 10% Operating Reserve   | #DIV/0!                            |
| 19.  | Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve | \$0                                |
| <b>New Programs/Previously Approved Programs</b> |  |                                    |
| 1.   |  |                                    |
| 2.   |  |                                    |
| 3.   |  |                                    |
| 4.   |  |                                    |
| 5.   |  |                                    |
| 6.   | Subtotal: Programs   | \$0 Percentage                     |
| 7.   | Plus up to 15% Indirect Administrative Costs                             | #DIV/0!                            |
| 8.   | Plus up to 10% Operating Reserve   | #DIV/0!                            |
| 9.   | Subtotal: New Programs/Indirect Admin./Operating Reserve                 | \$0                                |
| 10.  | <b>Total MHSA Funds Requested for INN</b>                                | <b>\$0</b>                         |

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

| Exhibit E5 - INN Budget Summary (Review Tool Questions) |  | YES | NO | NA |
|---|--|-----|----|----|
| 1a.   | A) Is the administration line ≤ the recommended 15%?               |     |    |    |
| 1b.   | A1) If not, is there a signed statement by the County MH Director? |     |    |    |
| 2.  | B) If applicable, is the operating reserve ≤ 10%?                  |     |    |    |

**EXHIBIT E5  
CFTN FUNDING REQUEST**

County: 0  
Date: 1/0/1900

| Capital Facilities and Technological Needs<br>Work Plans/Projects |                                      |      |                         | TOTAL FY 11/12 Required<br>MHSA Funding | Type of Project    |                     |
|---|--------------------------------------|------|-------------------------|---|--------------------|---------------------|
|   | No.                                  | Name | New (N) Existing<br>(E) |   | Capital Facilities | Technological Needs |
| 1.  |                                      |      |                         | \$0                                     |                    |                     |
| 2.  |                                      |      |                         | \$0                                     |                    |                     |
| 3.  |                                      |      |                         | \$0                                     |                    |                     |
| 4.  |                                      |      |                         | \$0                                     |                    |                     |
| 5.  |                                      |      |                         | \$0                                     |                    |                     |
| 6.  |                                      |      |                         | \$0                                     |                    |                     |
| 7.  |                                      |      |                         | \$0                                     |                    |                     |
| 8.  |                                      |      |                         | \$0                                     |                    |                     |
| 9.  |                                      |      |                         | \$0                                     |                    |                     |
| 10.   |                                      |      |                         | \$0                                     |                    |                     |
| 11.   |                                      |      |                         | \$0                                     |                    |                     |
| 12.   |                                      |      |                         | \$0                                     |                    |                     |
| 13.   |                                      |      |                         | \$0                                     |                    |                     |
| 14.   |                                      |      |                         | \$0                                     |                    |                     |
| 15.   |                                      |      |                         | \$0                                     |                    |                     |
| 16.   |                                      |      |                         | \$0                                     |                    |                     |
| 17.   |                                      |      |                         | \$0                                     |                    |                     |
| 18.   |                                      |      |                         | \$0                                     |                    |                     |
| 19.   |                                      |      |                         | \$0                                     |                    |                     |
| 20.   |                                      |      |                         | \$0                                     |                    |                     |
| 21.   |                                      |      |                         | \$0                                     |                    |                     |
| 22.   |                                      |      |                         | \$0                                     |                    |                     |
| 23.   |                                      |      |                         | \$0                                     |                    |                     |
| 24.   |                                      |      |                         | \$0                                     |                    |                     |
| 25.   |                                      |      |                         | \$0                                     |                    |                     |
| 26.   | Subtotal: Work Plans/Projects        |      |                         | \$0                                     | \$0                | \$0                 |
| 27.   | Plus up to 15% County Administration |      |                         |   |                    |                     |
| 28.   | Plus up to 10% Operating Reserve     |      |                         |   |                    |                     |
| 29.   | Total MHSA Funds Requested           |      |                         | \$0                                     |                    |                     |

Percentage

#VALUE!

**EXHIBIT E5**  
**CFTN FUNDING REQUEST**

| Exhibit E3 - CFTN Budget Summary (Review Tool Questions) |  | YES | NO | NA |
|--|--|-----|----|----|
| 1a.  | A) Is the administration line $\leq$ the recommended 15%?          |     |    |    |
| 1b.  | A1) If not, is there a signed statement by the County MH Director? |     |    |    |
| 2.   | B) If applicable, is the operating reserve $\leq$ 10%?             |     |    |    |

**EXHIBIT F1**  
**CSS New/Revised Program**  
**Description**

County: \_\_\_\_\_ 0

**Date:** 1/0/1900

[illegible]

**EXHIBIT F1**  
**CSS New/Revised Program**  
**Description**

[illegible]

**EXHIBIT F2**  
**WET New/Revised Program**  
**Description**

County: \_\_\_\_\_ 0 \_\_\_\_\_

**Date:** 1/0/1900

[illegible]

**EXHIBIT F2**  
**WET New/Revised Program**  
**Description**

[illegible]



**EXHIBIT F3**  
**PEI New/Revised Program**  
**Description**

County: \_\_\_\_\_ 0

**Date:** 1/0/1900

[illegible]

**EXHIBIT F4**  
**INN New/Revised Program**  
**Description**

County: \_\_\_\_\_ 0

**Date:** 1/0/1900

[illegible]

**EXHIBIT F5**  
**Capital Facilities New and Existing**  
**Project Description**

County: 0  
 Project  
 Name: \_\_\_\_\_  
 Date: 1/0/1900

|     | CRITERIA   | YES | NO | N/A |
|-----|--|-----|----|-----|
|     | <b>New Projects Only</b>   |     |    |     |
| 1a. | Are checkboxes marked indicating the type of building/project?<br><i>Ensure that County has check marked appropriate boxes.</i>  |     |    |     |
| 1b. | Does the building description include the prior use and ownership?<br><i>Ensure that County has check marked appropriate boxes.</i>  |     |    |     |
| 1c. | Does the building description include the scope and renovation?  |     |    |     |
| 1d. | <b>If proposing to renovate an existing facility</b> , does the description include how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services? |     |    |     |
| 1e. | <b>If proposing to renovate for administrative services</b> , does the description include how the offices will augment/support the County's ability to provide programs/services?                               |     |    |     |
| 1f. | <b>If the facility is privately owned</b> , does the description include the method used for protecting the County's capital interest in the renovation and use of the property?                                 |     |    |     |
| 2.  | Is there a description of the intended purpose of the project, including programs/services to be provided and the projected number of clients individuals and families and the age groups to be served?          |     |    |     |
| 3.  | Does the description of the project location include the proximity to public transportation and type of structures and property uses in the surrounding area?  |     |    |     |

**EXHIBIT F5**  
**Capital Facilities New and Existing**  
**Project Description**

|  |  |  |  |  |
|--|--|--|--|--|
| 4a.  | Does the description include whether the buildings will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes?                         |  |  |  |
| 4b.  | If the building will be used for other purposes, does the project description indicate what percentage of space will be designated for MHSA supports and services and for other uses?                  |  |  |  |
| 4c.  | If the building will be used for other purposes, does the description explain the relationship between the mental health programs/services and supports and other uses?                                |  |  |  |
| 5.   | Does the narrative include the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of 20 years? |  |  |  |
| <b>Leasing (Rent) to Own Building Only:</b>                            |  |  |  |  |
| 6a.  | Did the County provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase?   |  |  |  |
| 6b.  | Did the County include a description of length and terms of lease prior to transfer of ownership to the county?  |  |  |  |
| <b>Purchase of Land with No MHSA Funds Budgeted for Building Only:</b> |  |  |  |  |
| 7a.  | Did the County provide a justification why purchasing land with no MHSA funds budgeted for building/construction is needed?  |  |  |  |
| 7b.  | Did the County provide a timeline with expected sources of income for construction or purchasing of building upon this land?   |  |  |  |
| 7c.  | Did the County explain how this option will serve to increase the County's infrastructure?   |  |  |  |
| <b>Restrictive Settings Only:</b>                                      |  |  |  |  |
| 8.   | Did the County submit specific facts and justification that demonstrates the need for a building with a restrictive setting?<br><i>Must be in accordance with W&amp;I Code § 5847, subd. (a)(5).</i>   |  |  |  |
| 9.   | If the proposed project deviates from the approved CFTN component, was a description provided of the stakeholder involvement and support for the deviation?  |  |  |  |

**EXHIBIT F5**  
**Capital Facilities New and Existing**  
**Project Description**

|    |   |  |  |  |
|----|---|--|--|--|
|    | <b>Existing Projects Only</b>   |  |  |  |
| 1. | Was a summary of the originally approved CF project included?   |  |  |  |
| 2. | Was an explanation provided as to why the initial funding was insufficient to complete the project?   |  |  |  |
| 3. | Was there an explanation of how the additional funds will be used?  |  |  |  |
|    | <b>New/Existing Project Budget</b>  |  |  |  |
| A. | Was an estimated annual program budget provided, listing types of expenditures?   |  |  |  |
| B. | Was an estimated annual program budget provided, listing types of revenues?   |  |  |  |
| C. | Did the County list the total funding requested?  |  |  |  |
| D. | Did the County provide a detailed budget narrative explaining the proposed program expenditures for each line item, including a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with the CF project? |  |  |  |

**FY11/12 Annual Update  
EXHIBIT F6  
Technological Needs New and Existing Project Description**

**County:** ='Exh A - Certification'!B4

**Project**

**#/Name:**

**Date:** ='Exh A - Certification'!B6

|    | CRITERIA  | YES | NO | N/A |
|----|---|-----|----|-----|
| 1. | Is a Project Name included?<br>If Existing Project, is a Project Number included?   |     |    |     |
| 2. | Did the County select one: NEW, EXISTING, or Completed Project (PIER) box?  |     |    |     |
|    | <b>Technological Needs New Project</b>  |     |    |     |
| 1. | Is the type (and subtype if applicable) of MHSA Technological Needs Project checked and Vendor/Consultant information provided?   |     |    |     |
|    | <b>Technological Needs New Project Description</b>  |     |    |     |
| 1. | Is an Executive Summary of the Project provided?  |     |    |     |
| 2. | Is a description of how this project will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI) provided?  |     |    |     |
| 3. | If the "Yes" box is checked this means County has certify or will complete all the plans under the Project Management Overview. If the "No" box is checked, the County IT Liaison needs to contact the County for additional information. |     |    |     |
| 4. | Is a proposed implementation timeline with major EHR categories (Integrated EHR Roadmap) provided?  |     |    |     |
| 5. | Will funding be used for Data Collection Reporting (DCR) checked?   |     |    |     |
| 6. | Are the proposed Start Date and End Date provided?  |     |    |     |

**FY11/12 Annual Update**  
**EXHIBIT F6**  
**Technological Needs New and Existing Project Description**

|    | CRITERIA  | YES | NO | N/A |
|----|---|-----|----|-----|
|    | <b>Technological Needs Existing Project</b>   |     |    |     |
| 1. | Is a justification of how this request is a continuation of a previously approved project and not a new project provided?   |     |    |     |
| 2. | Why was the initial funding insufficient? Are all boxes that apply checked and is a brief explanation provided?   |     |    |     |
| 3. | Which sections, if any, of the County's original project are being changed or updated? Are all boxes that apply checked and was there a brief explanation provided? |     |    |     |
|    | <b>Project Budget</b>   |     |    |     |
| A. | Is the total cost for each applicable expenditure category provided and the Total Proposed Expenditures by Fiscal Year calculated correctly?                        |     |    |     |
| B. | Is all applicable revenues provided and the Total Revenues by Fiscal Year calculated correctly?   |     |    |     |
| C. | Is the Total Funding Requested = Total Proposed Expenditures - Total Revenue by Fiscal Year calculated correctly?   |     |    |     |
| D. | Is a detailed budget narrative explaining the proposed project expenditures for each line item in Section A: Expenditures provided?                                 |     |    |     |

**FY11/12 Annual Update**  
**EXHIBIT F6**  
**Technological Needs New and Existing Project Description**

|    | CRITERIA   | YES | NO | N/A |
|----|--|-----|----|-----|
|    | <b>Technological Needs Post Implementation Evaluation Report (PIER)</b>  |     |    |     |
| A. | Is Actual Start and Completion Dates provided? If different than original project proposal, make sure applicable associated checkbox(es) is checked. |     |    |     |
| B. | Was the final Project Schedule Status provided?  |     |    |     |
| C. | Was the final Project Budget Status provided?  |     |    |     |
| D. | Was a description of Objective Achieved provided?  |     |    |     |
| E. | Was Lessons Learned provided including a description of best practices used for the Project?   |     |    |     |
| F. | If applicable, was Corrective Actions provided?  |     |    |     |
| G. | If applicable, was a description of any future phases or enhancements provided?  |     |    |     |
|    | <b>Certification Statement</b>   |     |    |     |
| 1. | Are the Chief Information Officer's signature and date included?   |     |    |     |
| 2. | Are the HIPAA Privacy/Security Officer's (if have one) signature and date included?  |     |    |     |



**FY11/12 Annual Update  
EXHIBIT F6  
Technological Needs New and Existing Project Description**

|   | CRITERIA   | YES        | NO        | N/A        |
|---|--|------------|-----------|------------|
| <b>Submission Type Check List</b>   |  |            |           |            |
| <b>INSTRUCTON</b>   |  |            |           |            |
| Annual Update submission should never contain more than one Exhibit A (County Certification), Exhibit B (Community Program Planning and Local Review Process), Exhibit E (MHSA Summary Funding Request), or Exhibit E5 (Funding Request - CFTN) regardless of h |  |            |           |            |
| <b>Req Exh</b>  | <b>DESCRIPTION</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| <b>For All Request:</b>   |  |            |           |            |
|   | Has the County submitted their expenditure and revenue report? Date Verified:                          |            |           |            |
|   | Has a letter of intent been issued for the Component Proposal (Information Notice 08-09, Enclosure 1)? |            |           |            |
|   | Has DMH received comments back from OAC?   |            |           |            |
| <b>For a New Project Proposal</b>   |  |            |           |            |
| <b>A</b>  | County Certification   |            |           |            |
| <b>B</b>  | Community Program Planning and Local Review Process  |            |           |            |
| <b>E</b>  | MHSA Summary Funding Request   |            |           |            |
| <b>E5</b>   | Funding Request - CFTN   |            |           |            |
|   | Each Project Proposal within an Annual Update submission requires:                                     |            |           |            |
| <b>F6</b>   | New and Existing Project Description - TN  |            |           |            |
| <b>For Additional Funds to Complete a Previously Approved and Funded Project</b>  |  |            |           |            |
| <b>A</b>  | County Certification   |            |           |            |
| <b>B</b>  | Community Program Planning and Local Review Process  |            |           |            |
| <b>E</b>  | MHSA Summary Funding Request   |            |           |            |
| <b>E3</b>   | Funding Request - CFTN   |            |           |            |
|   | Each Request for Additional Funds to complete a project within an Annual Update submission requires:   |            |           |            |
| <b>F6</b>   | New and Existing Project Description - TN  |            |           |            |
| <b>For Pre-Development/Planning Funds</b>   |  |            |           |            |
| <b>A</b>  | County Certification   |            |           |            |
| <b>B</b>  | Community Program Planning and Local Review Process  |            |           |            |
| <b>E</b>  | MHSA Summary Funding Request   |            |           |            |
| <b>E3</b>   | Funding Request - CFTN   |            |           |            |
| <b>For Ongoing Maintenance Funds</b>  |  |            |           |            |
| <b>A</b>  | County Certification   |            |           |            |
| <b>B</b>  | Community Program Planning and Local Review Process  |            |           |            |
| <b>E</b>  | MHSA Summary Funding Request   |            |           |            |
| <b>E3</b>   | Funding Request - CFTN   |            |           |            |

**EXHIBIT G**  
**Local Prudent Reserve Funding Request**

**County:** 0  
**Date:** 1/0/1900

| Section |  | Yes | No | N/A |
|---------|--|-----|----|-----|
| A       | Does the amount on line A equal the sum of the CSS/PEI annual funding level for services amounts listed on Exhibits E1 and E3, "Subtotal: Programs?"                                   |     |    |     |
| B       | Does the amount on line B equal the sum of the CSS/PEI non-recurring expenditures?   |     |    |     |
| C       | Does the amount on line C equal the sum of the CSS/PEI indirect administrative costs as listed on Exhibits E1 and E3?  |     |    |     |
| E       | Is the Prudent Reserve funded at 50% of the County's requested 2011/12 CSS/PEI funding request as reflected in Exhibit G, line D subtotal?   |     |    |     |
| F       | If the County included Local Prudent Reserve balances from prior approvals, are they correct?  |     |    |     |
| G       | If the county included previous fiscal years unapproved component allocations are they correct?  |     |    |     |
| G       | Did the County include previous fiscal years' unspent CSS Funds?<br><i>Reference: WIC Section 5847(b)(7) and DMH Information Notice: 07-25, page 4 and Info Notice: 10-21, page 10</i> |     |    |     |
| I       | Does the request to fund the prudent reserve exceed the 50% maximum?   |     |    |     |
| K       | Is there a description of all non-recurring expenditures for CSS/PEI ?   |     |    |     |

**EXHIBIT H**  
**Supplemental MHSA Housing Program**  
**Assignment Agreement**

County: 0  
Date: 1/0/1900

|    | CRITERIA  | YES | NO |
|----|---|-----|----|
| 1. | Has the County assigned their MHSA Housing funds?   |     |    |
| 2. | Did the County specify the amount of funds to be assigned to the MHSA Housing Program?                      |     |    |
| 3. | Did the County specify which Fiscal Year the funds assigned to the MHSA Housing Program will be drawn from? |     |    |
| 4. | Did the County Mental Health Director or Designee sign/date Exhibit H?                                      |     |    |

**EXHIBIT I**  
**PEI Training, Technical Assistance Capacity Building**

County: 0  
Date: 1/0/1900

|    | CRITERIA  | YES | NO |
|----|---|-----|----|
| 1. | Is the amount of funds being requested within the County's planning estimate?                                 |     |    |
| 2. | Did the County describe their plan for using the Training, Technical Assistance, and Capacity Building funds? |     |    |
| 3. | Did the County indicate partners or contractors, if known?  |     |    |
| 4. | Did the County Mental Health Director sign the Certification?   |     |    |